

STATE OF MARYLAND

STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Sign-in / Sign-Out

DATE/NAME		

	Time		Time WORKED		TIME TAKEN		Total				
NAME / DATE		Time Out	Regular Time	\$ Over- Time	Comp- Time	ABSENCE		Time Acctd.			
						Code	Hours	Code	Hours		Remarks

ABSENT "TYPE" CODES

	ANNUAL	10 Pre-Approved
		12 Lateness
		17 Emergency
		18 In Lieu of Sick-Emplo
		1A In Lieu of Sick-Family Member
		1F Approved FMLA Use
	SICK	20 Employee Illness -
		Documentation Not
		Provided
		2J Employee Illness -
		Documentation Provi
		21 Scheduled Medical Ap
		Employee
		2A Family Member Illnes
		Documentation Not
		Provided
		2K Family Member Illnes
		Documentation Provi
		2B Scheduled Medical Ap
		Family Member
		22 Maternity/Paternity
_		23 Accident Leave
		24 Death in Family
		28 Adoption
		29 Leave Bank Use 2H Donated Leave
	GRIEVANCE	30 Hearing
	GRIEVAINCE	31 Preparation
	COMPENS-	40 Pre-Approved
	ATORY	41 Lateness
		43 Religious
		44 In Lieu Of SickEmplo
		4A In Lieu Of Sick-Fam.
		Mem.
		47 Emergency
	PERSONAL	50 Pre-Approved
		52 In Lieu Of SickEmploy
		5A In Lieu Of Sick-Fam.
		5F Approved FMLA Use
		57 Unscheduled
	HOLIDAY	58 Emergency
_		60 State Holiday
	RELEASE TIME	65 Sect./Agency/Authoriz 66 Emergency
	TIME	67 Incentive Program-Sta
_		68 Work-Related Investig
		69 OHR Approved Emp.
	COURT	70 Witness-Unpaid
-		71 Jury Duty
	OTHER	74 Military Training
I	PAID	75 State Test
-	CODES	76 State Interview
		78 In Service Training
I		79 Out Service Training
_	LAW	80 Pre-Approved
	CODES	81 In Lieu Of Sick-Emplo
I	ĺ	8A In Lieu Of Sick-Fam.
_	l	Mem. 82 Undocumented
I	1	8F Approved FMLA Use
I	l	86 Unauthorized
	l	87 Emergency
I	1	90 Disciplinary